

**Enforcement Case Screening and Recommendation
Worksheet¹**
(Enforcement Confidential - Do Not Release Under FIOA)

INSTRUCTIONS In response to a detected violation or set of detected violations, EPA enforcement staff may find completion of this checklist useful in prioritizing cases for formal enforcement action. Even if a violator has received or requested compliance assistance, the violations may still merit the initiation of a formal enforcement action.

Facility Name: Valley Forge Golf Club Address: 401 N. Gulph Rd City, State, Zip Code: King of Prussia, PA 19466 Contractor: Central Salvage Co. Address: 224 S. 20 St. City, State, Zip Code: Philadelphia, PA 19103	File Number: Inspection Date: 2/11/06 Violation Date: NA Projected Quarter:	Inspector: Arch Ruck Case Reviewer: Arch Ruck ORC Contact:	Statute: FIFRA CAA NESHAPs TSCA AHERA TSCA ASHARA TSCA MAP
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Were any violations observed during inspection/ case review? Yes (continue) No (close out)

Inspection Summary:

Summarize key issues and violations found in the inspection report(s). Include the names addresses and telephone numbers of EPA and State inspectors that participated in the inspection. In FIFRA cases where there were no state or federal inspections describe in detail how evidence was gathered and how violations were determined. (Attach copies of all relevant inspection reports.) Self-

Disclosure? Yes No Job not started, No one on site/

Detailed Description of Violations:

List each alleged violation citing the applicable statute and/or regulation. Describe how each violation was determined. List in detail the information in our possession that supports the fact that a violation(s) has occurred. Discuss in detail how the statute and/or regulations in question are applicable to the alleged violator. For example: does the violator/facility meet the definition of facility, does the case meet any threshold requirements for there to be a violation, etc.) Discuss how the alleged violation(s) are not subject to applicable exclusions found in the regulations or applicable policy. Describe whether there has been an actual exposure to, or is there a substantial likelihood of exposure to pesticides/ asbestos that resulted from or may result from action taken or not taken by the alleged violator. Are the violation(s) continuing? Identify the source(s) of this information. (Attach copies of supporting documentation.)

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Compliance History.

Provide a description of the compliance history of the violator or facility, including repeat violations. Describe instances of non-compliance with FIFRA, CAA or TSCA activities. Also describe instances of non-FIFRA, CAA or TSCA non-compliance if there is a relevant link between the FIFRA, CAA or TSCA, and non-FIFRA, CAA or TSCA non-compliance.

Ownership Information:

Provide information that supports that the party being cited for violations is the proper entity to receive the proposed enforcement action. This may include information on the facility ownership, The correct names of the contractors involved or other relevant information. (D&B reports and deed and title search information may provide this information.)

Financial Status of Facility Owner /Operator.

Provide a brief description of the violator's financial status as currently available. This can be obtained through responses to information requests, Dun & Bradstreet reports, etc. (Attach copies of supporting information)

Other Considerations

Provide a brief description Are there any apparent knowing, willful or negligent conduct by the company or any individual employed by the company? Yes No

Are there known or suspected violation(s) of other regulatory requirements? Yes No

Does this case have multi-media potential? Yes No

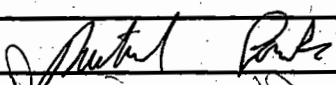


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Penalty Calculation and Justification

List for each violation a proposed penalty for that violation. Provide a brief narrative on how this penalty amount was determined and what assumptions and judgements regarding the evidence and the severity of the violation(s) were made? Include an economic benefit component if appropriate? (Attach penalty calculation sheets.)

Penalty Only/Injunctive Relief

Is this a penalty only case or are there specific tasks that must be completed by the violator for the facility to return to compliance. Please describe.

<p>What is the recommended enforcement response?</p> <p>Advisory Letter Administrative Order APO <u>Close</u> Criminal Referral Judicial Referral NOV/NOW/NON Stop Sale Order Refer to State Refer to Other Region Other Show Cause/Super CAFO</p>	<p>TIER I Decision Date:</p> <p>Advisory Letter Administrative Order APO Close Criminal Referral Judicial Referral NOV/NOW/NON SSURO Refer to State Refer to Other Region Other Show Cause/Super CAFO</p>
<p>Case Reviewer: </p>	<p>Date: 3/6/06</p>
<p>Enforcement Coordinator: </p>	<p>Date: 3/8/06</p>
<p>Branch Chief: </p>	<p>Date: MAR 10 2006</p>

1. This is a pre-decisional document protected by the deliberative process and attorney work product privileges (and may also be privileged attorney-client communication). Conclusions or recommendations are intended solely as primary information for government personnel. This worksheet contains tentative conclusions and staff-level recommendations and does not create any rights, or procedural, or defenses, as they are not binding on the Agency or the Department of Justice.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

1650 Arch Street

Philadelphia, Pennsylvania 19103-2029

Project Name Valley Forge Golf Club Barn

Asbestos File # _____

Project Location Ring of Prussia, PA

Project Start Date 1-30-06

Contractor Central Salvage Co.

Inspection Date 2/1/06

On-Site Supervisor NA

Inspector Rich Rosh

Type of Project: Removal ☒ Demolition ☒

Phase of Project: Pre-Job ☒ Set-Up _____ Removal _____ Post _____

Inspection Number 1st ☒ 2nd _____ 3rd _____ 4th _____

On-Site Representative NA

Company Name _____

On-Site Supervisor _____

Type of Removal Gross ☒ Glove-Bag _____ Other _____

NESHAP'S REQUIREMENTS

Is Removal: Planned ☒ Emergency _____

If Planned, was Notification Postmarked 10 Working Days Prior to the Start of the Project? Yes ☒ No _____ N/A _____

Category of ACM to be Removed:

Regulated ACM _____ CAT. I _____ CAT. II ☒

COMMENTS AND RECOMMENDATIONS:

No one on site, transite siding still on building, some
siding in poor condition, appears project has not started



TEL (215) 564-1880
FAX (215) 564-1886

RECEIVED

JAN 12 2006

Pesticides & Asbestos Programs
and Enforcement Branch (3WC32)
EPA Region III

January 9, 2006

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103

Re: Valley Forge Golf Club

To Whom It May Concern:

Enclosed please find our asbestos/demolition notification form for the above referenced project involving the removal of transite and demolition of a barn.

If you have any questions, please feel free to contact me.

Sincerely,

Central Salvage Co., Inc.

A handwritten signature in black ink, appearing to be 'Carl S. Mason', written over a large, stylized 'C' that also serves as a signature element.

Carl S. Mason
President

CSM:tas
\\SBS\Users\poldfield\My Documents\Letters for Carl\city of Phila.Abestos Notification.doc

Enclosure



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

For Official Use Only

Postmark Date: _____

Project ID#: _____

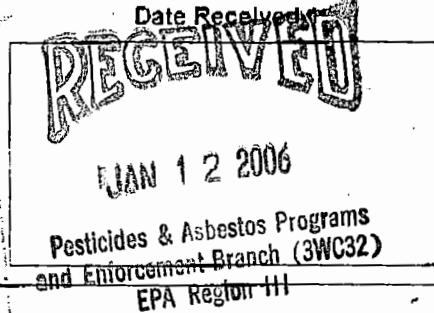
Permit #: _____

Other #: _____

Inspector: _____

Date Received: _____

Date Received 2 _____



REFER TO THE ATTACHED INSTRUCTIONS FOR ADDITIONAL INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)		<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement		<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: _____			
2.	PROJECT LOCATION (check one):			
	<input type="checkbox"/> Allegheny County	<input type="checkbox"/> City of Philadelphia	<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>KING OF PRUSSIA</u>	
3.	For Allegheny County and City of Philadelphia projects only:			
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with notification and approved prior to the start of the project.)			
	B. For City of Philadelphia projects requiring a permit:			
	Asbestos project inspector: _____		Certification #: _____	
	Company name: _____			
	Address: _____			
	City: _____	State: _____	Zip: _____	Phone: _____
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regic office or local government agency (see reverse of Instruction Sheet for contact list).			
5.	TYPE OF OPERATION (check one):		<input type="checkbox"/> Abatement before Demolition	
	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION:		Job No.: _____ (see instructions)	
	Facility Name: <u>VALLEY Forge GOLF CLUB BARN</u>			
	Street/Rural Address: <u>401 N. GULPH RD</u>			
	City: <u>KING OF PRUSSIA, PA.</u>		State: <u>PA</u>	Zip Code: <u>1906</u>
	Present use: <u>VACANT</u>		Prior use: <u>CART BARN</u>	
	Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Facility size in square feet: <u>1500</u>		# of floors: <u>2</u>	Age in years: <u>50</u>
7.	ABATEMENT CONTRACTOR:			
	Company name: _____			
	Allegheny County or City of Philadelphia License # (if applicable): _____			
	Street/Rural/POB Address: _____			
	City: _____	State: _____	Zip: _____	
	Contact: _____		Telephone No. (between 8:00 & 4:30): _____	

8. DEMOLITION CONTRACTOR:
 Company name: CENTRAL SALVAGE CO., INC
 Street/Rural/POB Address: 224 S. 20th ST.
 City: PHILA. State: PA Zip: 19103
 Contact: Carl Mason Telephone No. (between 8:00 & 4:30): 215-564

9. FACILITY OWNER:
 Owner name: REALON PROPERTIES
 Street/Rural/POB Address: 1000 CHESTERBROOK BLVD SUITE 100
 City: Down State: PA Zip: 19312
 Contact: Paul Fry Telephone No. (between 8:00 & 4:30): 610-251-11

10. FACILITY INSPECTION:
 Building inspector: _____ Certification # _____
 Date of inspection: _____ Is any material assumed to be asbestos? ☐ Yes ☐ No
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material: _____

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM. TYPE OF ABATEMENT A FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
NF2	TRANSITE SIDING	WALLS ^(Siding) OF STRUCTURE	900 SF		REM	

Code *

Type of ACM

Code **

Units

Code ***

Type of abatement

Code ****

Final Clearance

FRI - Friable ACM

NF1 - Cat I nonfriable ACM

NF2 - Cat II nonfriable ACM

(Note: Allegheny County
treats all ACM as friable)

LF - Linear ft.

SF - Square ft.

CF - Cubic ft.

REM - Removal

CAP - Encapsulation

CLO - Enclosure

NON - None

PCM - Phase contrast microscopy

TEM - Transmission electron microscopy

13. Is this project regulated by NESHAP ☐ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

A. Asbestos abatement:

Daily hours of operation:

Days of week (check)

☐ Mo☐ Tu☐ We☐ Th☐ Fr☐ Sa☐ Su

Start Date:

1-20-08

Completion Date:

2-15-08

to

3:30

☐ am ☒ pm

B. Demolition

Daily hours of operation:

Days of week (check)

☐ Mo☐ Tu☐ We☐ Th☐ Fr☐ Sa☐ Su

Start Date:

1-30-06

Completion Date:

2-15-06

to

3:30

☐ am ☒ pm

C. Renovation:

Daily hours of operation:

Days of week (check)

☐ Mo☐ Tu☐ We☐ Th☐ Fr☐ Sa☐ Su

Start Date:

Completion Date:

to

☐ am ☐ pm

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

DEMOLISH ONE-STORY CHICK BARN

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

WE WILL SEPARATE TRASH FROM RECYCLABLES
AND NOT USE AS FILL MATERIAL

17. WASTE TRANSPORTER(S)

A. Transporter #1 name:

SDI

Street/Rural Address:

811 Valley Rd

City:

Haverhill

State:

MA

Zip:

01833

Contact:

Don McCusker

Telephone:

603 361 5793

B. Transporter #2 name:

Street/Rural Address:

City:

State:

Zip:

Contact:

Telephone:

18. WASTE DISPOSAL SITE(S): (any asbestos containing materials)

- A. Landfill name: Garland Point DEP permit #: 10146
 Street/Rural Address: 3600 S. 26th ST.
 City: PHILA State: PA. Zip: 19141
 Contact: DAVE Telephone: 215 463 30
- B. Landfill name: _____ DEP permit #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S)

- A. Company name/individual: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. Final clearance firm: (if different than 19A) _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- Final clearance firm was hired by (check one) ☐ Contractor ☐ Owner
☐ Other Explain _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____
- B. TEM company name: _____ Certification #: _____
 Street/Rural Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden a consequence of complying with the 10 working day notification requirement:

22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: _____

Name of individual who ordered: _____

Title: _____

Date of order (mm/dd/yy): _____

Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER

*CERTIFIED ASBESTOS WORKER WILL IMPLEMENT
LOCAL STATE & FEDERAL LAWS
CONTAINING PROHIBIT ASBESTOS*

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: _____

Certification #: _____

Contractor (Individual): _____

Certification #: _____

Supervisor: _____

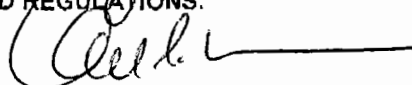
Certification #: _____

Contractor (Firm) _____

Certification #: _____

***** SIGN BOTH STATEMENTS *****

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE STATE AND LOCAL AGENCIES' RULES AND REGULATIONS.



(Signature of Owner/Operator)

1-9-06

(Date)

Printed Name of Owner/Operator: CARL S. WILSONTitle: Project Manager

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.



(Signature of Owner/Operator)

1-9-06

(Date)

Printed Name of Owner/Operator: Carl S. WilsonTitle: Project Manager

FOR OFFICIAL USE ONLY



ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

Complete all applicable sections of the notification. Fax copies are not accepted, as the notification must be certified with an original signature. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. Do not mail original notifications to the Department of Labor and Industry.

Special Notations:

- All REVISIONS to a previous notification should be highlighted
- Item #5 - Check the box that best describes the entire project
- Item #6 - The "Job No." portion of this item is provided for those contractors who assign a unique job # to their projects
- Item #12 - Please provide the information in the format requested
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in all areas except Allegheny County and the City of Philadelphia, this Notification and subsequent revisions (one original only, no copies) must be submitted to the following address.

Regular Mail
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
PO BOX 8468
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery
ASBESTOS NOTIFICATION
DEP BUREAU OF AIR QUALITY
400 MARKET STREET
HARRISBURG, PA 17101

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department
Air Quality Program
Building 7
301 39th Street
Pittsburgh, PA 15201-1891
Attn: Asbestos Abatement Permitting

City of Philadelphia
Department of Public Health
Air Management Services
Asbestos Control Unit
321 University Avenue
Philadelphia, PA 19104-4597

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos NESHAP, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

REMINDER: Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

-- SEE REVERSE FOR LIST OF CONTACTS --

CENTRAL
salvage co., inc.

224 S. 20th Street
Philadelphia, PA 19103

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7004 2890 0004 1878 6620



U.S. POSTAGE
PAID
PHILADELPHIA, PA
19103
JAN 10, 06
AMOUNT

\$4.88

00067253-10

19103

JAN 11 2006

Asbestos NESHAP Coordinator (3WC32)
US EPA Region III
1650 Arch Street
Philadelphia, PA 19103

RETURN RECEIPT
REQUESTED

19103+2029-99 0001

